

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

\_\_\_\_\_  
ANICE AUSTIN, C/O

\_\_\_\_\_  
D. A. MINOR CHILD

\_\_\_\_\_  
*(In the space above enter the full name(s) of the plaintiff(s).)*

- against -

\_\_\_\_\_  
PHILADELPHIA SCHOOL DISTRICT et,al.

\_\_\_\_\_  
COMMUNITY BEHAVIORAL HEALTH et, al.

\_\_\_\_\_  
THE YALE SCHOOL

\_\_\_\_\_  
ELWYN

\_\_\_\_\_  
AWTUFA MUHOMAD

\_\_\_\_\_  
*(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)*

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	_____ ANCIE AUSTIN, D.A.
	Street Address	_____ 5209 GREENE STREET UNIT #44287
	County, City	_____ PHILADELPHIA
	State & Zip Code	_____ PA 19144
	Telephone Number	_____ 267-804-2983

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1                      Name SCHOOL DISTRICT OF PHILADELPHIA,  
    Street Address 400 NORTH BROAD STREET  
    County, City PHILADELPHIA  
    State & Zip Code PA-19130

Defendant No. 2                      Name COMMUNITY BEHAVIORAL HEALTH  
    Street Address 801 MARKET STREET  
    County, City PHILADELPHIA  
    State & Zip Code PA 19107

Defendant No. 3                      Name ELWYN  
    Street Address 4040 MARKET STREET  
    County, City PHILADELPHIA  
    State & Zip Code PA-19104

Defendant No. 4                      Name AWTUFA MOHAMID-BLAINE SCHOOL TEACHER  
    Street Address 400 NORTH BROAD STREET  
    County, City PHILADELPHIA  
    State & Zip Code PA-19130

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)  
☒ Federal Questions                      ☒ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? 14TH AMENDMENT RIGHT

U.S. CODE >TITLE42 >CHAPTER 144 >SUBCHAPTER I > PART A § 15001 > §15009

- C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship UNITED STATES AMERICAN(S)

Defendant(s) state(s) of citizenship UNITED STATES AMERICAN(S)

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? PHILADELPHIA, PA > CHERRY HILL, NJ

- B. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_  
TIMES MAY VARY DUE TO THE AMOUNT OF ENTITIES INVOLVED, HOWEVER ON OR  
ABOUT SEPTEMBER 22, 2014 UNTIL THIS PRESENT DAY JULY 28, 2024

What  
happened  
to you?

C. Facts: D.A. BEING AN AUTISTIC CHILD IS ENTITLED TO SERVICES IN AND OUT OF  
SCHOOL FACILITIES. COMMUNITY AREAS AND HOME SERVICES WHICH HE HAS BEEN  
DENIED ON SEVERAL OCCASIONS. VIA ELWYN, CBH, AWTUFA MOHAMID, SCHOOL DISTRICT  
OF PHILADELPHIA WITH NO REGARD TO THE OUTCOME OF THE CHILD IN QUESTION.  
THE IDEA OF, "NO CHILD LEFT BEHIND" WAS DEVELOPED WITH PASSING THE CHILDREN  
THROUGH SCHOOL EDUCATED OR NOT, WITHOUT THE CARE THAT THIS WAS A VERY BAD  
IDEA, THE DISREGARD FOR CHILDREN WITH SPECIAL NEEDS HAS A VERY BAD OUTCOME.

Who did  
what?

THE SERVICE PROVIDERS DID NOT PROVIDE THE SERVICE IN FACT WE WERE ON WAIT LISTS  
ELWYN, NEGLECTED TO PROVIDE THE SPECIAL NEEDS SERVICES THAT WERE REQUIRED  
BY THEM. (CBH) NEGLECTED TO FOLLOW UP AND BE SURE THAT SAID SERVICES WERE IN  
PLACE BY ELWYN. THE SCHOOL DISTRICT OF PHILADELPHIA NEGLECTED TO PROVIDE THE  
CARE CUSTODY AND CONTROL OVER SAFETY FOR (D.A.) WHILE HE WAS IN THEIR POSSESSION,  
AWTUFA MOHAMID ALLOWED BULLYING AND ASSAULTS TO OCCURE AGAINST (D.A.) WHILE  
SHE WAS SUPPOSED TO BE PROTECTING AND MONITORING HIM. THE YALE SCHOOL HAS  
INFLECTED ADULT ABUSE TO (D.A.) WHILE HE ATTENDED THEIR SPACE AND NEGLECTED TO  
PROVIDE THE PROPER EDUCATION THAT WOULD ASSIST IN (D.A.) TO EXCEL.

Was  
anyone  
else  
involved?

VIOLATIONS OF THE CODE OF CONDUCT FOR ALL OF THESE INDIVIDUALS AS WELL AS THEIR  
COMMON GROUND FACILITIES. EVERYONE WHO SAW ARE CO CONSPIRITORS OF THESE  
EVENTS AGAINST THIS CHILD. WHICH AS A RESULT HAVE LEFT HIM WITHOUT AN EDUCATION  
AND/OR KNOWHOW AS TO READ, WRITE OR UNDERSTAND THE ENGLISH LANGUAGE IN CONTEXT.

Who else  
saw what  
happened?

WE HAVE BEEN ON WAIT LISTS FOR SERVICES FOR NEARLY 11 YEARS.

**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. (D.A.) CAN NOT READ, OR WRITE HE HAS NOT HAD THE PROPER SERVICES THEREFORE HE CANNOT GRASP THE CONTINUITY OF WHAT THE REAL WORLD IS SUPPOSED TO BE FOR A CHILD OF HIS AGE BECAUSE MENTALLY HE IS 7 YEARS OLD WHEN BIOLOGICALLY HE IS 17 YEARS OLD. HE IS SO FAR BEHIND THAT THE RELIEF I AM ASKING FOR IS TO GIVE THE PROPER EDUCATION AND SERVICES HE HAS BEEN DENIED. THE LACK OF UNDERSTANDING AS TO WHAT THESE PLACES WERE THINKING BUT TO TREAT A CHILD IN THIS MANNER IS CRIMINAL. THEN TOO THERE WAS THE THREAT OF ARREST FOR (D.A.) BECAUSE HE DEFENDED HIMSELF AGAINST STAFF IS A HORRIBLE WAY TO SHOW WHAT A GREAT EDUCATION THE STAFF AT THE YALE SCHOOL HAS RECEIVED. INSULTING AND ASHAMED OF THE DECISIONS TO PLACE D.A. IN A PLACE I THOUGH WOULD BE GOOD FOR HIM IS VERY SAD TO ME.


**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I WOULD LIKE THE COURT TO FIND IN THE FAVOR OF (D.A.) TO HELP ME SUPPORT THE CAUSE AND SHOW THAT THIS TYPE OF NEGLECT IS NOT ACCEPTABLE IN THIS COUNTRY, CITY OR STATE. WE ALL HAVE A RIGHT TO BE WELL EDUCATED AND IN A SAFE AND TIMELY MANNER, TO BE EDUCATED IN A SOCIETY THAT ACCEPTS CHILDREN WITH SPECIAL NEEDS. AUTISM WAS NEVER ASKED FOR IT JUST IS AND GIVEN THE CHANCE ONE CAN FIND THE BALANCE IN LIFE TO LIVE IT NEAR NORMALLY. TO WIT I AM ASKING FOR THE TEN YEARS LACK OF SERVICES AND EDUCATION \$10 MILLION DOLLARS SO THAT WHAT IS MISSING CAN BE REPLACED. DUE TO THE FACT THAT A STATISTIC WAS BEING MADE. THE TIME HAS NEARLY RUN OUT FOR THE EDUCATION PROCESS OF (D.A.) THIS AMOUNT OF FINANCIAL STABILITY WILL ALLOW FOR ONGOING EDUCATION AND PROPER SERVICES TO BE PUT IN PLACE WITH OUT THE TEN YEAR WAIT LIST WHICH WE ARE STILL ON. THIS WILL ALSO SEND THE MESSAGE NEEDED TO BE HEARD, THAT CHILDREN, ALL CHILDREN SHOULD BE ENTITLED TO A PROPER EDUCATION. WITHOUT FEAR.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28TH day of JULY, 2024.

Signature of Plaintiff   
Mailing Address 5209 GREENE STREET  
UNIT#44287  
PHILADELPHIA, PA 19144  
Telephone Number (267) 804-1983  
Fax Number (if you have one) \_\_\_\_\_  
E-mail Address AUSTIN.INDUSTRIES19132@GMAIL.COM